

WCSA VOLUNTEER APPLICATION

First Name:	Last Name:	
Street Address:		
City, State, Zip:		
Home Phone:	Alternate Phone:	
Email Address:		
Date of Birth:	Years Lived at Al	oove Address:
Driver's License #:	State Issued:	Expires:
If at the above address less than 5 years, pl	ease enter prior address	information.
Prior Street Address:		
City, State, Zip:		
Years lived at above address:		
PERSONAL HISTORY: Have you ever been found guilty by a court of another person, engaged in criminal miscon crime, except for a minor traffic violation? Y	duct involving a juvenile,	or been convicted of a
Please note: WCSA, at its discretion, may use background check, regardless of the respon		
As an applicant for a WCSA Volunteer Posit representations I have made, including the i regarding my criminal history. I authorize Wright to confidentiality with respect to the infosubmit my fingerprints for that purpose.	nformation provided in re /CSA to verify the above i	sponse to the questions nformation and waive any
I give permission for the free use of my nam telecast, or other transmission or account or		
Applicant Signature		Date